

**REISSUE APPLICATION DECLARATION BY THE ASSIGNEE**Docket Number (optional)  
3431.4US

I hereby declare that:

My residence and post office address and citizenship are stated below next to my name.

I am authorized to act on behalf of the following assignee: EPIMED INTERNATIONAL, INC.and the title of my position with said assignee is: Executive Vice President

The entire title to the patent identified below is vested in said assignee.

Name of Patentee(s):

N. Sandor Racz

Patent Number

6,190,372

Date of Patent Issued

February 20, 2001

Title of Invention:

CATHETER CONNECTOR

I believe said patentee(s) to be the original, first and sole/joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled CATHETER CONNECTOR.

the specification of which

☒ is attached hereto.☐ was filed on \_\_\_\_\_ as reissue application number \_\_\_\_\_ / \_\_\_\_\_

and was amended on \_\_\_\_\_

(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.☐ by reason of the patentee claiming more or less than he had the right to claim in the patent.☒ by reason of other errors.


At least one error upon which reissue is based is described as follows: Priority claim was inadvertently omitted.

[Attach additional sheets, if needed.]

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

<b>(REISSUE APPLICATION DECLARATION BY THE ASSIGNEE)</b>		Docket Number (Optional ) 3431.4US	
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.			
Name(s)	Registration Number		
Allen C. Turner			33,041
Edgar R. Cataxinos			39,931
Krista Weber Powell			47,867
Bretton L. Crockett			44,632
Correspondence Address: Direct all communications about the appl			
<input checked="" type="checkbox"/> Customer Number		<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div> <div style="text-align: center; margin-top: 5px;">Type Customer Number Here</div>	
<b>OR</b>		 <b>24247</b> <small>PATENT TRADEMARK OFFICE</small>	
<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of person signing (given name, family name) <i>Nicholas Sander Raiz</i>			
Signature <i>N. Sander Raiz</i>		Date <i>6/16/01</i>	
Address of Assignee 6 Division Street, Gloversville, NY 12078			
Patentee		Citizenship	
Residence/Post Office Address			
Patentee		Citizenship	
Residence/Post Office Address			
<input type="checkbox"/> Additional Patentees are named on separately numbered sheets attached hereto.			

ASSIGNMENT

FOR GOOD AND VALUABLE CONSIDERATION, the receipt, sufficiency and adequacy of which are hereby acknowledged, each undersigned ASSIGNOR does hereby:

SELL, ASSIGN AND TRANSFER to Epimed International, Inc., ("ASSIGNEE"), a corporation of the state of Delaware having a place of business at 6 Division Street, P.O. Box 1128, Gloversville, New York 12078, the entire right, title and interest for the United States and all foreign countries in and to any and all improvements which are disclosed in the Application for United States Letters Patent, which has been executed by each undersigned ASSIGNOR concurrently herewith and is entitled CATHETER CONNECTOR, such application and all divisional, continuing, substitute, renewal, reissue and all other applications for patent or the legal equivalent thereof which have been or may be filed in the United States and all foreign countries relating to any of such improvements; all original, reexamined and reissued patents which have been or shall be issued in the United States and all foreign countries on such improvements; and specifically including the right to file foreign applications under the provisions of any convention or treaty and claim priority based on such application made in the United States;

AUTHORIZE the ASSIGNEE to apply for and receive any and all United States and foreign patents relating to such improvements in its own name;

AUTHORIZE AND REQUEST the issuing authority to issue any and all United States and foreign patents granted on such improvements to and in the name of the ASSIGNEE;

WARRANT AND COVENANT that no assignment, grant, mortgage, license or other agreement or encumbrance affecting the rights and property herein conveyed has been or will be made or entered into by the undersigned, and that the full right to convey the same as herein expressed is possessed by the undersigned;

COVENANT, when requested and at the expense of the ASSIGNEE, to carry out in good faith the intent and purpose of this assignment, to execute all divisional, continuing, substitute, renewal, reissue, and all other patent applications relating to any and all such improvements; to execute all rightful oaths, declarations, assignments, powers of attorney and other papers; to communicate to the ASSIGNEE all facts and provide to the ASSIGNEE all documents and things known and accessible to the undersigned relating to such improvements and the history thereof, and testify as to the same in any interference, litigation or other proceeding relating thereto; and generally to do everything possible which the ASSIGNEE shall consider desirable for vesting title to such improvements in the

ASSIGNEE, and to secure, maintain, defend and enforce valid and enforceable patent protection for such improvements;

AGREE and ACKNOWLEDGE that the SALE, ASSIGNMENT AND TRANSFER of rights and property set forth herein is and shall be IRREVOCABLE and BINDING upon the heirs, assigns, representatives and successors of each undersigned ASSIGNOR and EXTEND to the successors, assigns and nominees of the ASSIGNEE.

ASSIGNOR:

N. Sandor Racz  
N. Sandor Racz

Date 1/12/98

STATE OF New York )  
County of Montgomery ) : ss.

BEFORE ME, the undersigned authority, on this 1st day of January, 1998, personally appeared N. Sandor Racz, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same of his own free will for the purposes and consideration therein expressed.

Laura V. Lofgren  
Notary or Consular Officer

Laura V. Lofgren  
Notary Public, State of New York  
Comm. Exp. 12/31/99  
Reg. #0162504681